

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
P.O. BOX 809
TRENTON, NEW JERSEY 08625-0809
(609) 633-6110



**APPLICATION AND CERTIFICATION
IN LIEU OF INSPECTION FOR CERTIFICATE OF SMOKE DETECTOR
AND CARBON MONOXIDE ALARM COMPLIANCE**

Dwelling Location: Block _____ Lot _____
(not mailing address) Street _____
Municipality _____ County _____

***NOTE: ALL BOXES MUST BE CHECKED IN ORDER FOR CERTIFICATION TO BE VALID**

- ☐ Smoke detector has been installed on each level of the dwelling, including basements, excluding unfinished attic or crawl space; and
- ☐ Smoke detectors and carbon monoxide alarm has been installed outside each separate sleeping area; and within 10 feet of bedrooms
- ☐ All smoke detectors are in working order. ☐ Carbon monoxide alarm(s) in working order

This is a _____ story dwelling ☐ with ☐ without a basement.

An inspection shall be conducted by the owner or an authorized representative of the owner. The smoke detectors required above shall be located in accordance with NFPA 74; the carbon monoxide alarm(s) installed per NFPA-720. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. Note: AC powered and/or interconnected alarms and smoke detectors installed in homes constructed after January, 1977 shall be maintained in working order. See diagrams on the back of this application for further information regarding installation.

Please mail certificate to: _____ Phone #: _____

Zip _____ Fax #: _____

Contact Person: _____ Phone #: _____ Closing Date: _____

I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I will be subject to penalty.

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Signature

Applicant Signature

Printed Name

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• Note: A check or money order made payable to "Treasurer, State of New Jersey, must accompany this form. If the closing date
• above follows the date of receipt by the Division of Fire Safety by more than ten business days, the fee is \$35; if received fewer
• than ten but more than four business days before closing, \$70; and if four business days or fewer, \$125. Once issued, a
• Certificate is not transferable, nor is a fee refundable. If the change of occupant does not occur within six months, a new
• application shall be required.
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TEAM#:

FOR OFFICE USE ONLY

Municipal Code: _____ Log Number: _____ Check Number: _____